

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101592986

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2						
3						
4	1					
5	1					
6	1					
7	1					
8	1					
9	2					
10						
11						
12						
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50						
TOTAL IND.	S					
TOTAL DEP.	2					
TOTAL CLAIMS	7					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						